

Case Number:	CM13-0041220		
Date Assigned:	12/20/2013	Date of Injury:	08/15/2012
Decision Date:	02/27/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 44-year-old male who has worked in law enforcement since January 1990. The patient noted the onset of pain to his right wrist and hand on August 15, 2012. He reports that the pain stemmed from repetitive use of a gun, typing, and writing. The patient was eventually seen by [REDACTED], orthopedic upper extremity specialist. MRI of the right wrist was completed with findings of ganglion cyst. He was prescribed four to six sessions of physical therapy that consisted of hot wax, electrical stimulation and ice, all with no relief noted. In February 2013, right wrist surgery was performed on the patient. When the patient woke from his surgery he was informed that a ganglion cyst was not found, however there was an excessive amount of inflamed tissue, which was removed. The patient's hand became more painful after the surgery. He reported he had increasing pain, tenderness, tremor and intermittent edema. The patient attempted to return to work in April 2013 with restrictions and no use of the right hand, however there was too much discomfort. The patient currently reports continuous 9/10 pain in his right wrist. There is weakness, numbness, and stiffness in that wrist and fingers. The patient has been prescribed an anti-inflammatory and provided with a wrist brace. Post surgery the patient was prescribed with 9 physical therapy sessions that consisted of massage, ultrasound, and stretching, icing and electrical stimulation, again with no improvement. [REDACTED] has provided an initial report, dated 8/15/2013, to accompany this request. Per this reporting, the patient presented with continuous 9/10 pain in the right hand and wrist. This pain was accompanied with weakness, numbness, and stiffness. At the time of this initial examination the patient was post right wrist exploratory surgery, dated 2/2013. The provider's examination indicated moderate to right hand hyperhidrosis, with the right hand being cold to touch and a slight discoloration. The patient had a profound loss of motion in his right wrist and ankylosis in flexion of the fingers. [REDACTED] findings also included hyperalgesia, diffuse sensory loss, marked motor changes, and an

intermittent tremor. A MRI of the right wrist dated 8/15/2013, revealed post-operative changes of arthrofibrosis, inflammatory changes, and edema. [REDACTED] assessment of this patient included the diagnosis of right upper extremity CRPS. The provider recommended that the patient received a stellate ganglion block, to continue occupational therapy, and begin using an interferential unit in addition to continuing the use of Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective Lidoderm patches 5% #60,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics, Lidoderm Patch.

Decision rationale: According to the guidelines, Lidoderm patch may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). There is no documentation that these agents have been tried and failed

Retrospective Endocet 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76 to 77.

Decision rationale: Endocet (oxycodone (is a semi-synthetic opioid which is considered the most potent oral opioid) and Acetamenophen) is indicated for moderate to moderately severe pain however, Besides results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain) generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use (MTUS page 82). The patient has been on opioid since 2012. It would be appropriate to continue the use of opioids if the patient has returned to work or if the patient has improved functioning and pain, but this has not been the case with this patient.

Retrospective Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain(Chronic), Interferential current stimulation (ICS).

Decision rationale: This patient was recommended an interferential unit with right arm conductive device, however the guideline does not support the use of this device as an isolated treatment modality. There is no documentation that patient Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative or acute conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, medications, etc.). Therefore the request for Retrospective Interferential unit, between 8/23/2013 and 8/23/2013 is not medically necessary.